



**PATIENT**

Lexi McIntosh

**SPECIES**

Canine

**BREED**

Mastiff Mix

**SEX**

FS

**AGE**

11

**WEIGHT**

49.2kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

**IMAGING PERFORMED BY**

Dr. Alastair Westcott

**HOSPITAL NAME**

Dr. Alastair Westcott

**REFERRING VET**

Dr. Alastair Westcott

**INVOICE**

12926ag

**DATE**

02/07/2023

**PRESENTING CLINICAL SIGNS**

Presented for an episode of collapse where she did not want to rise for several hours. This happened yesterday and it happened again today. She seemed to rebound in time for her appointment. She had a remote consultation with her rDVM yesterday and was prescribed gabapentin 300 mg twice daily. Up until this point has been eating well, drinking normally and eliminating normally and no coughing, vomiting sneezing or diarrhea. Presented today for neoplasia staging. Splenic masses and hemoabdomen noted. Was diagnosed with hemoabdomen and splenic nodules yesterday.

Abnormal PE/Chem/CBC/UA Results: Mildly dehydrated Pale pink mucous membranes Blood work: Non regenerative anemia but improved slightly over yesterday Neutrophilia-inflammation Thrombocytopenia-most likely clotting due to hemoabdomen Thoracic radiographs: Normal cardiac dimensions with no pulmonary venous distention. No sign of pulmonary metastasis nodules or otherwise. Qualitative echocardiogram: There is no sign of a right based heart mass and no pericardial effusion. Reasonable contractility and relative chamber sizes. There is no significant valvular regurgitation.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. A small left kidney lateral cortical cyst was present. The left kidney measured 6.2 cm in length. The right kidney measured 5.9 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy. No evidence of distal aortic thrombus.

**Adrenal Glands**

The left adrenal gland was indistinctly visualized without overt pathology. The left adrenal gland measured 0.5 cm width at the caudal pole. The right adrenal gland was not visualized.

**Spleen**

The spleen exhibited variable enlargement with lateral and medial asymmetry and generalized parenchyma heterogeneity. Multiple variably echogenic to expansive splenic macronodules were present, an example measured 2.6 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

**Liver/Gallbladder**

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. Within the ventrocaudal aspect of the mid to left liver a mildly expansive non-homogenous to mixed echogenic macronodule to small mass with subtle distortion of the associated capsule was present measuring 4.6 cm in diameter. The capsule of the liver was



<b>PATIENT</b>	
Lexi McIntosh	symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.
<b>SPECIES</b>	<b>Gastrointestinal</b>
Canine	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.
<b>BREED</b>	<b>Pancreas</b>
Mastiff Mix	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>SEX</b>	<b>Free Abdomen</b>
FS	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age related changes and considered incidental. No signs of active inflammation or neoplasia.
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11	Regional subjectively perisplenic hyperechoic omentum and mild volume peritoneal free fluid exhibiting mild echogenic changes were present.
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
49.2kg	<ul style="list-style-type: none"> <li>• Variable splenomegaly exhibiting multifocal micronodules/small masses-consistent with neoplastic criteria</li> <li>• Hepatomegaly exhibiting parenchymal remodeling, solitary ventrocaudal non-homogenous nodule-strongly suspicious for hepatic metastasis</li> <li>• Regional subjectively perisplenic hyperechoic omentum and scant echogenic free fluid-consistent with hemoabdomen</li> </ul>
<b>INTERPRETED BY</b>	<b>Secondary findings</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> <li>• Age related renal changes with small left kidney cortical cyst</li> </ul>
<b>IMAGING PERFORMED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Dr. Alastair Westcott	Given the neoplastic splenic presentation, strong concern for hepatic metastatic lesion is warranted. The possibility of non-obvious or micrometastasis as well as regional perisplenic omental seeding cannot be excluded.
<b>HOSPITAL NAME</b>	Based on the location of the hepatic macronodule/small mass in the mid to left liver, splenectomy with resection of the hepatic nodule along with hepatic biopsies could be considered given no overt evidence of thoracic or cardiac metastasis.
Dr. Alastair Westcott	However, an extremely guarded long term prognosis is indicated despite surgical intervention.
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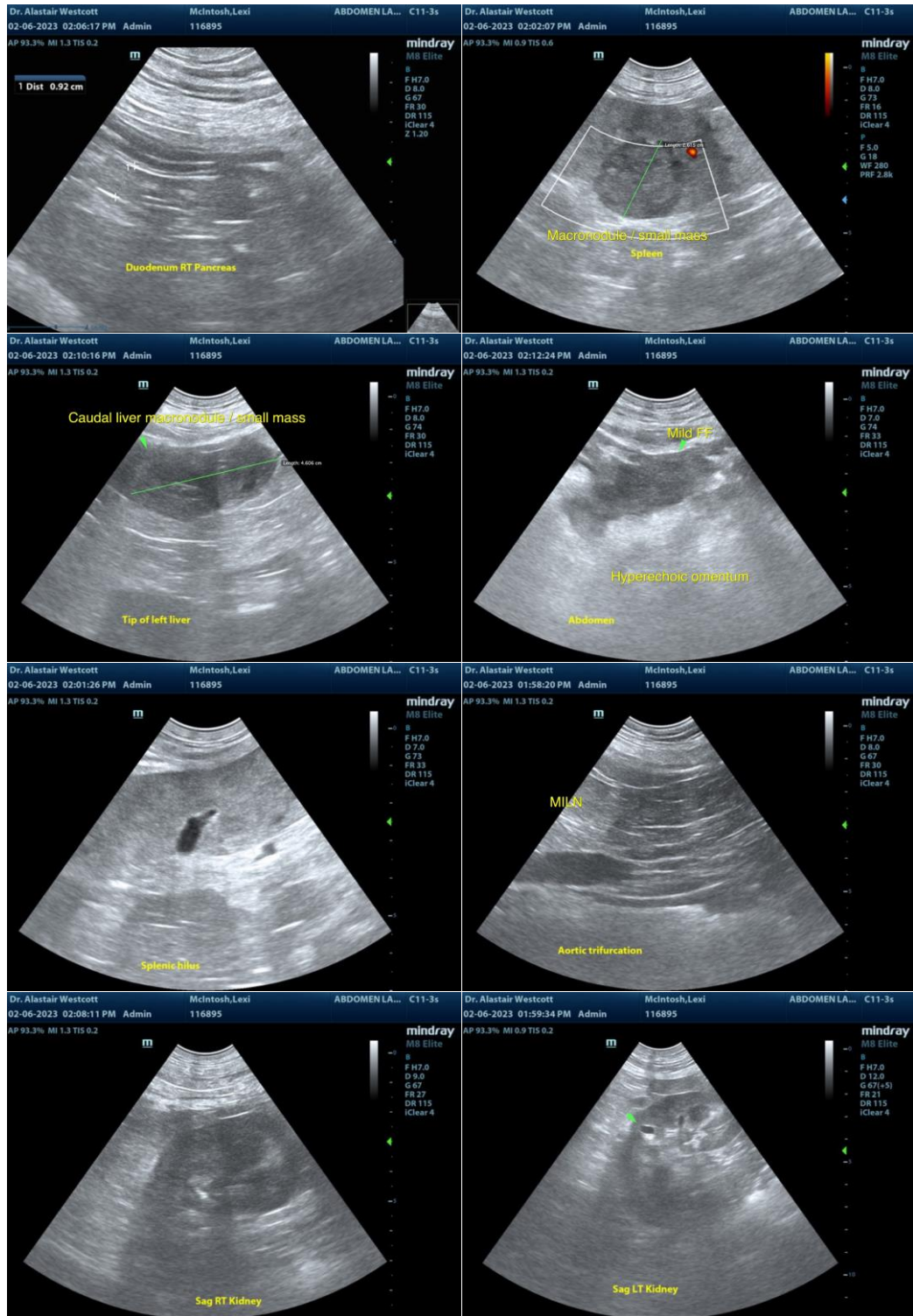
Dr. Alastair Westcott

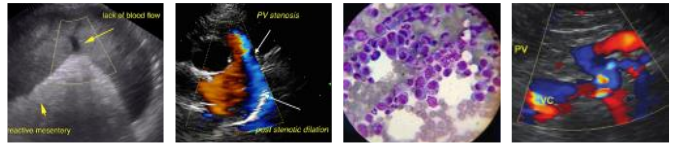
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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